

2009 COBRA Premiums*

| | Full COBRA Premium | AEI Reduced Premium |
|-----------------------|--------------------------|---------------------------|
| Savings Plan | | |
| Subscriber Only | \$275.58 | \$96.44 |
| Subscriber/Spouse | \$599.02 | \$209.66 |
| Subscriber/Children | \$397.22 | \$139.02 |
| Full Family | \$725.34 | \$253.86 |
| Children | \$121.64 | \$42.56 |
| Standard Plan | | |
| Subscriber Only | \$361.46 | \$126.50 |
| Subscriber/Spouse | \$767.24 | \$268.52 |
| Subscriber/Children | \$521.84 | \$182.64 |
| Full Family | \$915.08 | \$320.28 |
| Children | \$160.38 | \$56.12 |
| BlueChoice HMO | | |
| Subscriber Only | \$417.60 | \$146.16 |
| Subscriber/Spouse | \$957.32 | \$335.06 |
| Subscriber/Children | \$703.22 | \$246.12 |
| Full Family | \$1,256.92 | \$439.92 |
| Children | \$285.62 | \$99.96 |
| CIGNA HMO | | |
| Subscriber Only | \$462.26 | \$161.78 |
| Subscriber/Spouse | \$1,012.36 | \$354.32 |
| Subscriber/Children | \$799.72 | \$279.90 |
| Full Family | \$1,382.18 | \$483.76 |
| Children | \$337.46 | \$118.10 |
| Dental | | |
| Subscriber Only | \$11.94 | \$4.18 |
| Subscriber/Spouse | \$19.74 | \$6.90 |
| Subscriber/Children | \$25.94 | \$9.08 |
| Full Family | \$33.71 | \$11.80 |
| Children | \$13.99 | \$4.90 |
| Dental Plus | | |
| Subscriber Only | \$21.02 | \$7.36 |
| Subscriber/Spouse | \$39.78 | \$13.92 |
| Subscriber/Children | \$43.42 | \$15.20 |
| Full Family | \$62.18 | \$21.76 |
| Children | \$22.40 | \$7.84 |

*Rates for local subdivisions may vary. To verify your rates, contact your former employer.